Benefit Allocation Systems, Inc
Request for Direct Deposit of Flexible Spending Account Claim Reimbursements

Mail To:
Benefit Allocation Systems, Inc.
P.O. Box 62407
King of Prussia, PA 19406

Instructions:
To request Benefit Allocation Systems, Inc. ("BAS") to direct deposit your flexible spending account claim reimbursements into your personal financial account:

1. Complete and sign the form below
2. For direct deposit into a:
   a. Checking Account, attach a voided check
   b. Savings Account, attach a deposit slip
   c. Other, attach a form from your financial institution
3. Allow approximately 5-6 business days for processing upon BAS' receipt of your complete submission. Reimbursements occurring during the processing of your direct deposit request will be made by check and mailed to your home address on record with BAS.

Please print

Check one of the following

☐ Start ☐ Stop ☐ Change

Name (Last, First Middle Initial)	Social Security Number

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE FLEXIBLE SPENDING ACCOUNT REIMBURSEMENTS WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)	Branch

Enter the following information from the bottom of your check:

ABA Bank Routing Number (Must be 9 numbers)	Account Number

Type of Account

☐ Checking ☐ Savings ☐ Money Market Checking ☐ Money Market Investment Requires Submission of ACH form from your broker

I authorize Benefit Allocation Systems, Inc. ("BAS") to direct deposit funds to my account in the financial institution listed above. If funds to which I am **not** entitled are deposited in my account, I authorize BAS to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, I understand that funds payable to me will be returned to BAS for distribution by check mailed to my home address on record with BAS, and this will delay such reimbursement.

Employer's Name

Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number

Home Address	Street	City	State	Zip code